

Benefits Overview

Your benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions you may have about your benefits.

January 1 - December 31, 2024



Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP and their children, where applicable by state law)
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse, Registered Domestic Partner (RDP), or child
- Change in child custody
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- You lose coverage under your spouse's/RDP's plan

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information - when you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.

Medical Plan

Key Medical Benefits	All Savers P200018021	
	In Network Indv/Family	Out-of-Network ¹ Indv/Family
Deductible (per calendar year)		
Individual / Family	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$5,000/\$10,000	\$10,000/\$20,000
Covered Services		
Office Visits (physician / specialist)	\$25 / \$75	50% after deductible
Routine Preventive Care	No charge	50% after deductible
Emergency Room	\$300 copay/visit	\$300 copay/visit
Urgent Care Facility	\$50 copay/visit	50% after deductible
Inpatient Hospital Stay *	20% after deductible	50% after deductible
Prescription Drugs Tier 1 / Tier 2 / Tier 3 / Tier 4		
Retail Pharmacy (30-day supply)	\$10/\$35/\$75/\$250	\$10/\$35/\$75/\$250

Coinurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

➤ **Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Plan

Key Dental Benefits	United Healthcare A8016 MAC	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 /\$150	
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,000 per person per calendar year	
Covered Services		
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (Adults & Children)	N/A	

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

If you use a United Healthcare provider, exams are subject to a \$10 copay, materials require a \$25 copay and frames are covered up to \$130 retail allowance Exams and lenses are covered once every 12 months and frames are covered once every 24 months.

Life and AD&D

A \$20,000 Basic Life and Accidental Death and Dismemberment (AD&D) policy is provided through United Healthcare at NO COST to you.

Contacts

▶ Medical: United Healthcare	(877) 797-8812	www.myuhc.com
▶ Dental: United Healthcare	(800) 445-9090	www.myuhc.com
▶ Vision: United Healthcare	(800) 638-3120	www.myuhcvision.com
▶ Life/AD&D: United Healthcare	(800) 842-8000	www.myuhc.com
▶ HR: Kim Stevens	(303) 771-3277	kim@talentnavigation.com

Cost of Benefits: Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.



2024 TALENT NAVIGATION EXPERTS BENEFITS

ELIGIBILITY

EMPLOYEE WORKING 30 HRS OR MORE PER WEEK
AVAILABLE THE 1ST OF THE MONTH FOLLOWING START DATE

RATES (MONTHLY)

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
MEDICAL	\$216.18	\$804.80	\$710.33	\$1,399.30
DENTAL	\$9.21	\$33.16	\$34.69	\$64.72
VISION	\$1.80	\$6.09	\$7.11	\$12.25